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| Case Number: | CM15-0027174 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 01/19/2002 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male, who sustained an industrial injury on January 1, 2002. He reported low back pain with pain, tingling and numbness radiating to the right lower extremity with bilateral lower extremity weakness. The injured worker was diagnosed as having degenerative joint disease, scoliosis of the thoracolumbar spine with secondary chronic low back pain, stenosis of the thoracic spine with secondary hemiplegia and multilevel foraminal stenosis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical and thoracic spine, conservative treatments including physical therapy, pain medications and work restrictions. Currently, the injured worker complains of low back pain with pain, tingling and numbness radiating to the right lower extremity with bilateral lower extremity weakness. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He has been treated conservatively and surgically without resolution of the pain or associated symptoms. Evaluation on May 21, 2014, revealed worsening hemiplegia weakness and pain. Neurosurgery was consulted. He underwent thoracic spine surgery on July 22, 2014. Evaluation on November 17, 2014, revealed worsening symptoms. Therapy and medications were recommended. Evaluation on January 15, 2015, revealed ongoing chronic pain and weakness of the right lower extremity although he reported feeling stronger. Medications and therapy were continued. He was noted to be essentially paralyzed down the right side however was noted to now be able to take a few steps with the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma) Page(s): 63, 64, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or functional improvement. There is no justification for prolonged use of Soma. Therefore, the request for Soma 350mg #90 is not medically necessary.